



Sample Form

PATIENT INFORMATION

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*PATIENT NAME: _____ DOB: _____
*ADDRESS: _____ GENDER: M F
*[PLEASE TYPE OR PRINT THIS INFORMATION TO ENSURE LEGIBILITY]

CERTIFICATION OF COMFORT ONE® STATUS

This form constitutes reliable documentation that the above identified patient is certified as a **COMFORT ONE** patient in Alaska under AS 18.12 and 7 AAC 16.10 and, as such, directs EMS personnel, health care providers, and health care facilities to not resuscitate the patient in accordance with these statutes and regulations.

Patient Signature: _____ Date: _____

My signature below constitutes and confirms a formal order to emergency medical services personnel and other health care providers to follow the Alaska **COMFORT ONE** protocol, as outlined in 7 AAC 16.10.010 - 7 AAC 16.10.090. I affirm that this order is written in accordance with accepted medical, legal, and ethical guidelines. As the attending physician for this patient, I confirm the illness below, and I agree to ensure the completion of, and certify, the death certificate if death occurs as anticipated.

Printed Name of Physician Phone: _____

Physician Signature: _____ Date: _____

ADDITIONAL INFORMATION

Does Not Affect Patient Care

Illness: _____

Does this patient have a pacemaker? ☐ Yes ☐ No

INFORMATION TO PATIENT

This form, when completed, certifies you as a **COMFORT ONE®** patient under Alaska law. If this form or wallet card is presented to, or found by, emergency medical personnel or other health care providers, or you are wearing a **COMFORT ONE** bracelet, they will provide the care described on the reverse side. Emergency medical care will be directed to prevent avoidable suffering and to provide supportive comfort measures. It is understood that as a **COMFORT ONE** patient you will be allowed to die in the natural course of your illness.

REVOCATION

The **COMFORT ONE** status of the patient may be revoked, by the patient identified or the patient's attending physician, at any time.

If emergency medical services personnel, or other health care providers, do not see this form, the wallet card or the **COMFORT ONE** bracelet, they will attempt to resuscitate the patient in accordance with their standard procedures.

ENROLLMENT AND FORM DISTRIBUTION INSTRUCTIONS (See back of form)

**RECOMMENDED PROCEDURES FOR EMERGENCY
MEDICAL SERVICES PERSONNEL
AND OTHER HEALTH CARE PROVIDERS**

If you are presented with this form, or a **COMFORT ONE**® wallet card, or encounter a patient wearing a **COMFORT ONE** bracelet, Alaska law requires that you follow the **COMFORT ONE** protocol after confirming the identify of the patient. If the patient is unconscious or otherwise unresponsive to questions regarding the patient's identity, you may rely solely on the department-approved DNR necklace or bracelet worn by the patient without using further methods to identify the patient.

For a COMFORT ONE patient, Alaska health care workers will not start CPR and will stop CPR if it has been initiated.

RECOMMENDATIONS TO HEALTH CARE WORKERS:

Appropriately trained and equipped health care workers **may** provide comfort care to the DNR patient by:

- suctioning the airway;
- administering oxygen;
- assisting the patient to a comfortable position;
- providing emotional support;
- contacting hospice, home health agency, or attending physician; and/or
- providing pain medication (advanced life support personnel with standing orders).

Health care workers **should not:**

- Use advanced airway devices, such as an ET tube or multilumen airway;
- Initiate cardiac monitoring;
- Administer cardiac resuscitation drugs;
- Defibrillate; or
- Provide ventilatory assistance.

ENROLLMENT AND DISTRIBUTION OF COPIES OF FORM:

To enroll a qualified patient in the program, a physician should:

- have the patient read and complete the form, making sure to type or print the patient's name and address;
- sign and date the form and wallet card;
- give the original copy of the form and the wallet card to the patient;
- complete and return the DNR program data collection postcard; and
- purchase a DNR identification bracelet for the patient (optional).

Distribution of Copies of Form:

- The white (original) copy of the form remains with the patient who should be encouraged to keep it in an easily accessible location.
- The second copy of the form is retained by the physician and included in the patient's medical file.
- The third copy should be given to the local law enforcement agency. Under AS 12.65.007, local law enforcement personnel are not required to respond to the scene of an expected home death if this form is on file with that agency and certain other conditions are met.
- The bottom copy of the form may be sent to another agency to confirm enrollment in the Comfort One Program, such as the local fire department, emergency medical service agency or hospice organization.